appeared desirable, even at the risk of being a little tedious, to give the detail of symptoms almost unabridged, with a view to future reference and comparison. The peculiar character of the delirium, and the very remarkable state of the consciousness, together with the motor phenomena, and the strange variations from day to day, could only, indeed, be properly presented in a detailed report."

19. *Electricity in the Treatment of Certain Forms of Lameness in Children.*—In discussing the curative power of electricity in certain forms of lameness occurring during childhood, Dr. SALOMON (*Jahrb. f. Kinderheilk.*, 1868) refers to five cases of the so-called spinal paralysis of children, which had lasted from two months to several years; in all of which cases a difference was observed in the reaction evinced under the use of an electric current when applied by induction or continuously. When the induction current was employed, whether the excitation was extra or intra-muscular, not the slightest manifestation of contraction was to be observed. Under the influence of a strong current, the most prominent results were slight tremors of the muscular fibrillæ. On the contrary, when a continuous electric current was applied, muscular contraction took place, and this whether the continuity of the chain was allowed to remain unbroken, or was interrupted and renewed. Also when the chain is applied by a fixed *anode* near the origin of a nerve, while the zinc electroid is made to pass over the surface of the palsied muscle. The most energetic effect was produced when the zinc pole was applied to the spinal column, and the opposite pole was applied to the paralyzed muscle, or over its especial nerve. The contractions thus excited were less strong than those of the muscles of the corresponding sound limb, and were more slow and languid in their occurrence. In two other cases observed by Dr. S., the etiology was very obscure. In another case, lameness of the muscles of the right extremity occurred suddenly upon the appearance of an eruption of measles. In this case, after the lameness had lasted for seven years, under the influence of the electric current by induction the lameness was benefited, but not entirely removed. Very nearly the same result was obtained under the use of the continued current.—*Centralblatt f. d. Med. Wissenschaften,* Nov. 1868. D. F. C.

20. *Chorea Treated by Succus Conii.*—Dr. JOHN HARLEY has recorded (*Practitioner*, Sept. 1868) a few cases of chorea successfully treated by large doses of succus conii, and one successfully treated by the same remedy is reported in the *Lancet*, March 6, 1869. The subject of it was a thin, pallid youth, æt. 17, who had the disease for six months. The involuntary movements were constant, universal, and very violent. He could not speak more than one word at once, and could not protrude his tongue. Chloroform, bromide of potassium, and other remedies having failed, Dr. WELCH ordered the patient, on Dec. 16, to take one drachm of the succus conii every six hours. The case had now become so serious that a fatal termination was feared. The one-drachm dose seemed to have little effect, and was doubled in two days' time, when some benefit appeared to result. On the 18th December a dose of three drachms was given, after which the patient complained of transient giddiness and slight impairment of vision. The same dose was repeated at intervals of six hours, with the most marked and rapid benefit. In two days the patient was comparatively well, and the sore over the scapula soon presented a good healing edge. The subsequent progress of the case was satisfactory.

21. *Natural History of Rheumatic Fever.*—Drs. WM. W. GULL and HENRY G. SUTTON read a paper with this title before the Royal Medical and Chirurgical Society (January 12, 1869) with the view of bringing under the notice of the profession a few more cases of rheumatic fever which have been treated by mint water, or, in other words, they say, which have been allowed to run their natural course. They moreover desired to point out what appears to be the natural course of rheumatic fever with reference to the heart, and to show in what proportion of cases the heart became involved when rheumatic fever was treated

by mint water. Lastly, to consider if there is any evidence to prove that the heart is more frequently involved when rheumatic fever is treated by mint water, or when treated by alkalies, by lemon-juice, or by blisters. This paper is based on twenty-five cases of rheumatic fever, twelve of which occurred in Guy's Hospital, most of them under the care of Dr. Gull, and thirteen occurred in the London Hospital, under the care of Dr. H. G. Sutton. The particulars of the twelve cases have been already recorded in the *Guy's Hospital Reports*, and the remaining thirteen cases are recorded in the present communication to the Society. Of these twenty-five cases, eighteen were females and seven were males. The average age of the patients was nineteen years. All the patients were suffering from their first attack of rheumatic fever, and the disease was well marked. The temperature of the body during the acute symptoms reached in some cases 104° and 103°; in other patients it was 101° and 102°. Taking an average of all these cases, the temperature was about 102° during the acute stage. The average duration of the acute symptoms, as estimated by the thermometer and general symptoms, was ten days. Taking all the cases that have been recorded by the authors, the average duration was 9.1 days. The total duration of the acute symptoms from their commencement, including the time the patients were ill before coming into the hospital, to their cessation, was on an average seventeen days. The authors next proceed to inquire if the duration of rheumatic fever is longer when treated on the expectant plan, or when treated by drugs; and they consider that no one plan of treatment has any great advantage as regards shortening the duration of the disease. Drs. Gull and Sutton agree with Dr. Barclay in considering that we are not yet in a position to say that alkalies exercise any influence in curtailing the duration of the disease. They are also of the same opinion respecting lemon-juice. With regard to Dr. Herbert Davies' blister treatment, they remark it relieves very much the pain and sufferings of the patients in some cases; but it does not appear to curtail the rheumatic process. And the authors remark, "Our cases appear to us to teach that the rheumatic process runs its course under the expectant treatment as favourably as under the treatment by drugs." Drs. Gull and Sutton next proceed to inquire what evidence there is to show that the drug treatment prevents the heart becoming diseased, and they give a detailed account of the state of the heart in their twenty-five cases. Every one of these twenty-five patients was suffering from their first attack of rheumatic fever, and twelve of the number had organic disease of the heart when admitted into the hospital; two had some, but not very well marked evidence of organic disease of the heart when admitted; and in eleven there was no heart disease on admission. No organic disease of the heart supervened while under treatment, and the heart was healthy when these eleven patients left the hospital. They remark the experience gained in these cases of rheumatic fever, which were allowed to run their natural course uninfluenced by drugs, tends to prove that, if patients are admitted into the hospital suffering from a first attack of rheumatic fever, and the heart is not diseased on admission, it will very rarely become organically diseased while patients are under treatment. The opinions of Drs. Garrod, Dickinson, Herbert Davies, George Owen Rees, and Basham are then quoted to show that the heart did not, or very rarely did, become diseased when rheumatic fever was treated in the hospital by full doses of alkali, by blisters, by lemon-juice, or by nitrate of potash, and they observe: "It appears to us that there is not sufficient evidence to prove that any of the advocated systems of treatment have power to prevent the heart becoming diseased. In concluding that the treatment has prevented the heart becoming diseased, we have overlooked the fact that there might be no tendency at the time the patients were under treatment for the heart to become diseased, and our cases show that the good results which have been attributed to the influence of the remedies also occurred when no special remedies were used. Our cases, therefore, tend to teach that these good results were due, not to the drugs, but to the natural course of the disease." The authors then endeavour to show that when the heart becomes diseased in rheumatic fever, it does so at an early stage of the disease; and if it does not become diseased during the first week of the rheumatic fever, it rarely does so afterwards; and they give abstracts from twenty-two cases of rheumatic fever to demonstrate this. Drs. Gull and Sutton's conclusions are as follows: That when the patient's heart was healthy on admission into the hospital, it was very rare for it to become organically diseased while the patients were under treatment by mint-water—or, in other words, when the rheumatic fever was allowed to run its natural course. That the evidence before the profession shows that the heart very rarely became diseased while patients were under treatment in the hospitals, and that this was the case when patients were treated by alkalies, lemon-juice, or by blisters to the joints. That there is not sufficient evidence before the profession to prove that any of the advocated remedies have power to prevent the heart becoming diseased. That in rheumatic fever the tendency is for the heart to become diseased during the first few days of the fever; and, should it escape the early days of the disease, there is each day a lessening tendency to its implication. Hence the cases would appear to show that, if at the end of the first week of the rheumatic fever the heart is free from disease, then there is little or no tendency for it to become diseased during the later weeks. That the reason why the heart did not become diseased when rheumatic fever was treated by alkalies, blisters, and by lemon-juice is to be attributed, not to the influence of the drugs, but to the natural course of the disease; for the patients did not come under treatment until the rheumatic fever had been going on some days, and until the period when the heart was most liable to become diseased had passed over. The authors conclude by saying: "Hitherto the investigation into the therapeutics of the rheumatic process has been rendered all but valueless by the deficiency in preliminary data. At present, therefore, as regards treatment, our cases seem to show that we are limited to a careful regimen of the patient. Rest, mechanical and physiological—rest in the very outset of the disease. We ought not to wait until the rheumatic process has become well developed in the joints. To regulate the temperature. To moderate excessive skin function by sponging the surface of the body. To allay pain, by placing the patient in an easy position, and sometimes by opiates. To sustain the organic nerve power by light diet, and occasionally by small doses of alcohol. To procure rest by the simplest means, especially avoiding such movements of the body as may excite the circulation. In fine, to place the patient in a physiological state of mean rest, if it may be so termed, of the nervous, the circulatory, the muscular, and digestive systems. To do this fully will often tax all our energies, and require often more consideration than is requisite for prescribing any supposed appropriate drug treatment. We are, therefore, at present, advocates of the exactest treatment of the patient under acute rheumatism, though we may doubt the value of so-called specific drugs." —*Med. Times and Gazette,* January 16, 1869.

22. *Alkaline Treatment of Rheumatic Fever.*—Dr. HENRY W. FULLER, in an interesting paper in a recent No. (March, 1869) of *The Practitioner,* discusses the objections which have been made to the alkaline treatment of rheumatic fever, and gives the result of his own experience in that mode of treatment, and points out the causes of its failure in the hands of some. He states that he does not mean by "the alkaline treatment," "the administration of salines or small doses of the carbonate of potash every four hours; for, in my experience these remedies so administered exercise absolutely no control, in either shortening the duration of the disease, mitigating the patient's sufferings, or protecting his heart from mischief. Neither do I mean the administration, throughout the attack, of large doses of the alkalies, such as a drachm and a half or two drachms every four hours, for these remedies, so administered, would depress the patient, and might even produce dangerous consequences. Moreover, experience leads me to believe that they certainly would not tend to his recovery. By 'the alkaline treatment,' I mean a plan of treatment in which alkalies play an important part, but which consists not only in the administration of alkalies, but in the careful regulation of the secretions, the strictest attention to diet, and the administration of tonics, such as quinia and bark, as soon as the patient can bear them. Being convinced that as soon as the system is alkalinized, as shown by the alkalinity of the secretions, a great safeguard is obtained against inflammation of the heart, or of any of the then unaffected joints, my practice